## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

TRXI(A5)7031

ı		CLAIMS A	S Ell Er	DART	1							
		CEAINS	Colur			lump 2)		SMALL ENTITY				R THAN
TOTAL CLAIMS			(60:61:111 1)		100	(Column 2)		TYPE		OF		ENTITY
FOR								RATE	<del></del>	<b></b> ∤	RATE	FEE.
TOTAL CHARGEABLE CLAIMS			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OF	BASIC FE	E 770.00
	OTAL CHARGE	EABLE CLAIMS	/ minus 20=		*	*		X\$ 9:	=	OR	X\$18=	
INDEPENDENT CLAIMS			<u></u>	ninus 3 =	*			X43=		OR	X86=	T :
M	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT					. 1 45	<del>- </del>			<del> </del>
*1	f the differenc	e in column 1 is	less than	ess than zero, enter "0" in column 2				+145=		OR	L	
CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	770	
(Column 1)				(Column 2) (Column 2)				SMAL	L ENTITY	OR	OTHEF SMALL	
AMENDMENT A		CLAIMS		HIGHE			7 r		ADDI-	<b>-</b>		<del></del>
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAI FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	1	OR	X86=	
L	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		t	. 445	<del>                                     </del>	7		
							L	+145=		OR	+290=	
								TOTAL DDIT. FE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	, ,	JU11. 1 LI		_ ′	·	
8		CLAIMS		HIGHE		1			T	7 .		
TE		REMAINING AFTER		NUMBI		PRESENT	- 1	DATE	ADDI-			ADDI-
AMENDMENT		AMENDMENT		PREVIOU PAID F		EXTRA		RATE	TIONAL	1 1	RATE	TIONAL
	Total	•	Minus	**		= :		X\$ 9=		OR	X\$18=	FEE
	Independent	*	Minus	***		=	┢	X43=	<del>                                     </del>	1		
<u>`</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del> </del>	OR	X86=	
								+145=		OR	+290=	
		•	•					TOTAL DIT. FEE		OR .	TOTAL DOIT. FEE	
		(Column 1)		(Column	ı 2)	(Column 3)		.511.1 2.5		• • ~	DUII. FEEL	
IMEN		CLAIMS		HIGHES	ST .	,00.007						
		REMAINING . AFTER		NUMBE PREVIOU		PRESENT EXTRA	1	RATE	ADDI- TIONAL		DATE	ADDI-
		AMENDMENT	· · · · · · · · · · · · · · · · · · ·	PAID FO		EXTRA	-   '	ואוב	FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	T	=		V42		~ <u>`</u> ``}		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=	
* jf	If the entry in column 1 is less than the column									OR	+290=	
41	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL	
	THE LIGHTST MUL	nder Previously Pai	d For IN THIS	S SPACE in la	ec thai	2		DIT. FEE		· AL	DOIT. FEE L	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												